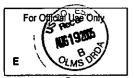
U S Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30 2006

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 1/0/4/6	2 Fiscal Year Covered From
	1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing	4 Name file number and address of labor organization
Name Michael R Roepke	Name IAM\$AW Local 778
	Labor Organization File Number 020-167
PO Box Bldg Room No if any	P O Box Building and Room Number if any
Street 9404 Grandview Road	Street 9404 Grandview Road
City Kansas City	City Kansas City
State Missouri : ZIP Code + 4 64132, 2802	State Missouri - , > ZIP Code + 4 64132-2802
5 Position in labor organization Business Representive	- where the state of the state
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income
Name Honeywell FM&T LLC	4 Pre season CHIEFS tickets and parking pass Reimbursed Company Check # 2018 Amount \$340 00
Trade Name If any	Face Value
PO Box Bldg Room No if any PO Box 419159	<u> </u>
	7 b Amount
Street 2000 E 95th Street *	
City Kansas City	- ~ ~ \$3 4 0
State Missouri : ZIP Code + 4 64141-6159	ž.
Signature Which the Book	
15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)	
Signed Mill P. Breytse	On 8-13-05 8/6-363-70>0 Date Telephone Number

Name of Person Filing Michael Roepke	File Number U	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name if any)	9 Business deals with	
Name		
Trade Name If any	a Labor Organization b Trust	
PO Box Bldg Room No If any	c Employer	
Street	- Accounted	
City		
State ZIP Code + 4		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name		
Trade Name If any	4 0 0 000	
PO Box Bldg Room No If any	1	
Street	44 h Approximate della control de la control	
City	11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received	
State ZIP Code + 4	2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
	* * * * * * * * * * * * * * * * * * * *	

	4 5 ~	
	12 b Amount	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant	14 a Nature of payment	
(including trade name if any)	* ~	
Name	£ 4	
Trade Name If any		
P O Box Bldg Room No If any		
Street	~ .	
City	* * * . 1	
State ZIP Code + 4		
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment	